

Name in Full

Certificate of Death

Mrs. Louisa Marshall Barnley

Town

County

Died at Oakdale

Montgomery

MARYLAND

Date 1890	Month Dec.	Day 5	Age 46	Native of Va.	Occupation Housewife
	White	Married	Widower	Divorced	
Female	Colored	Single	Widow	Number of children living	

Husband of Charles

Barnley

Father's Name

Mother's Name

40

Cause of Death	Primary	Gastric Carcinoma 4 or 5 mos.	How long sick
	Immediate	Exhaustion	Accident Suicide Homicide

Reported by

Dr. W. H. Green,

Address

Brookville

Md!

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elsieida Billous				CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND	
Date of death 1903	Month Dec	Day 14	Years 15	Months 10	Days 25	
Sex Female	Color or Race Black	Birth-place Md				
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Bud Billous			Father's Birthplace	Md	
Mother's Maiden Name	V			Mother's Birthplace		
Name of person giving information	Dave Brackton			How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Immediate

How long

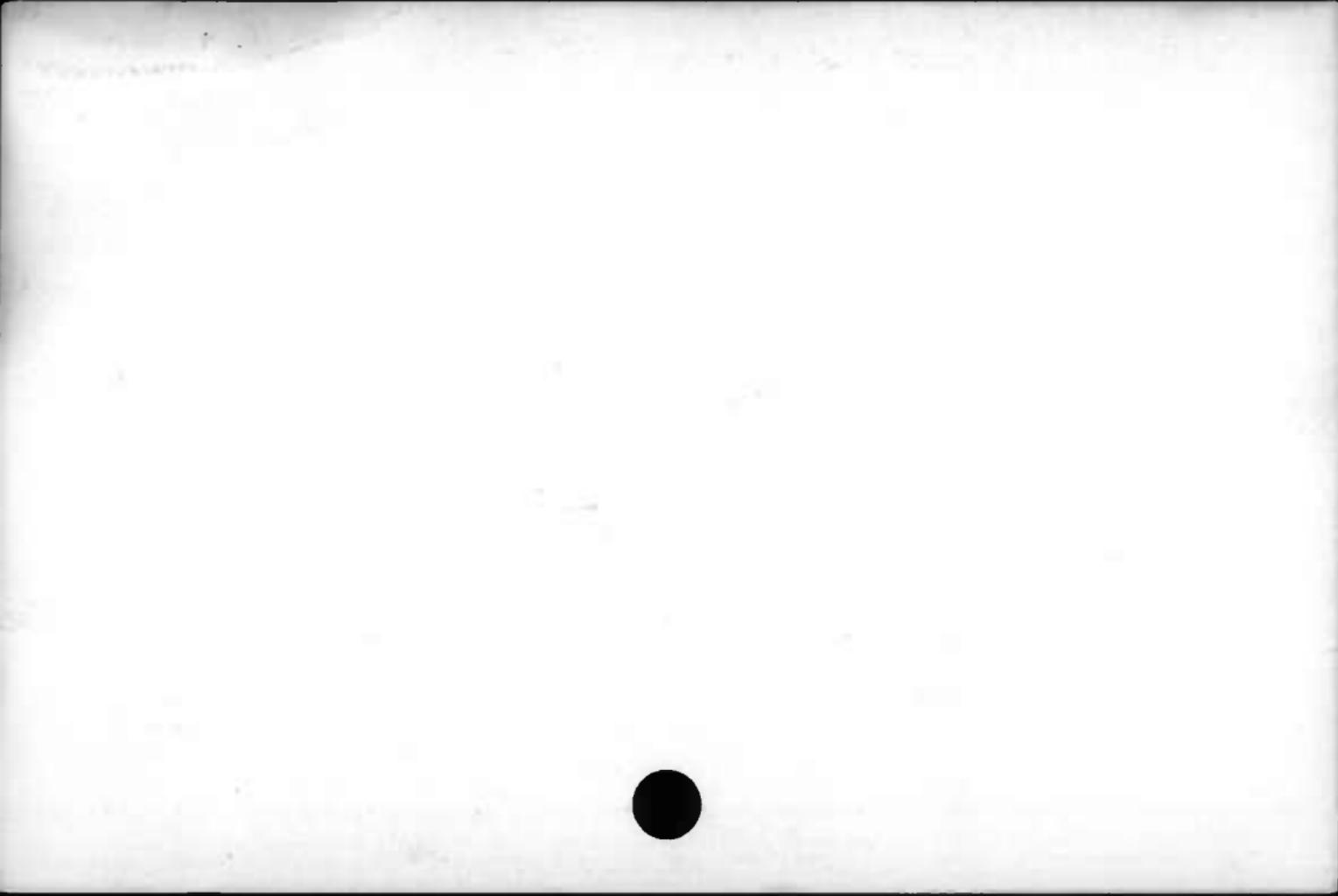
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Battini
Spencerville
Md

Accident or Suicide?



Name
in
Full

Butler

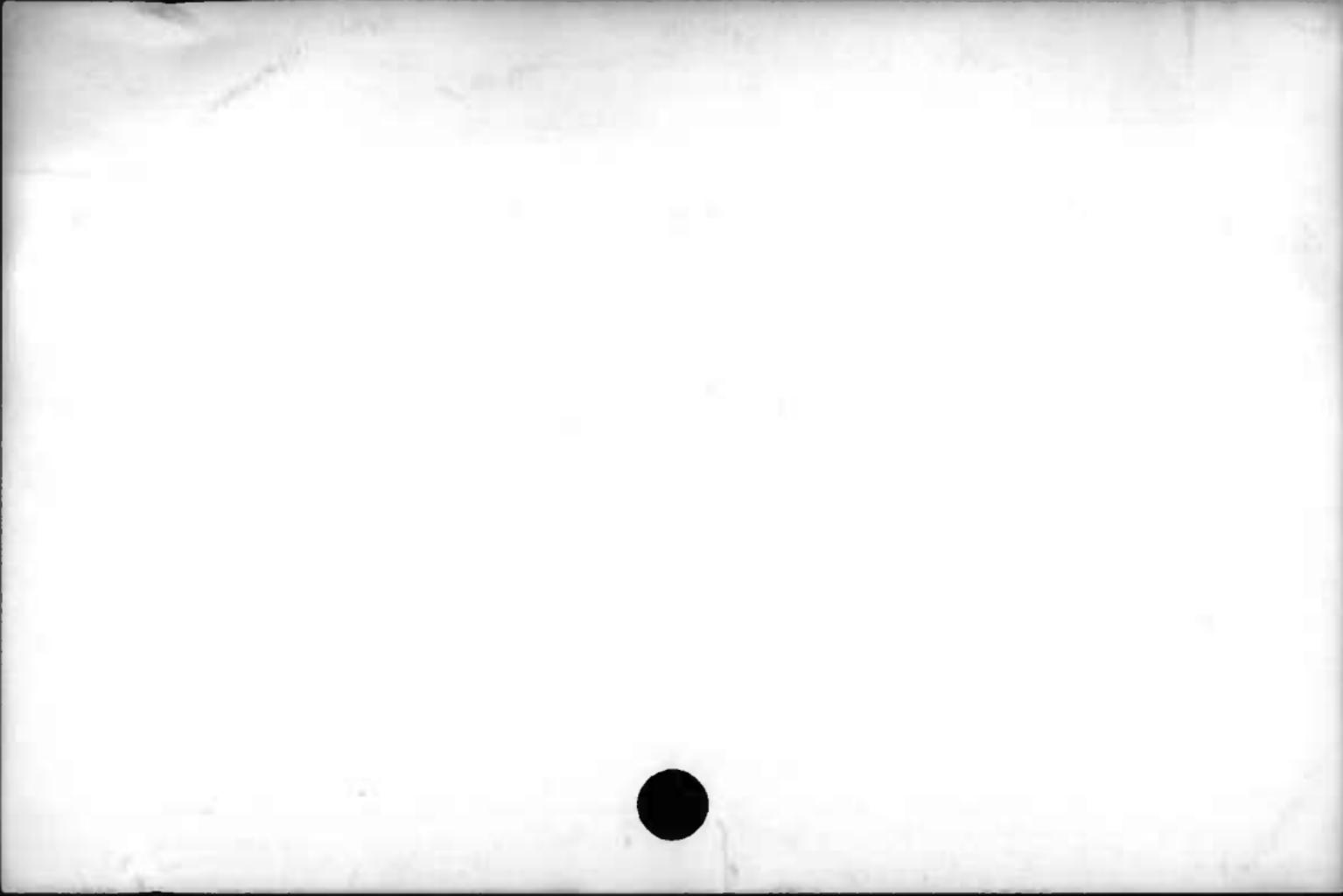
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Potomac		Montgomery	Months	Days	-
Date of death	Month	Day	Years		
1908	12	19	83		
Sex	Color or Race	Age	Birth-place	Month & Day	
Female	white	83	Maryland	March 8 1908	
Occupation	Where Residing if not at place of death				
Hause wife	Richard S. Butler				
Married, S or Widower	Name of Wife or Husband	Father's Birthplace			
	Richard S. Butler	Baltimore			
Father's Name	Mother's Birthplace				
Bruner	Maryland				
Mother's Maiden Name	How related to deceased				
Name of person giving information	Mother				

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	18 mo
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	O. M. Linthicum
so far as personally known I have never heard them and		Address	Rockville Md
Accident or Suicide?			



Name
in
Full

Eldredge Sylvester Carroll

CERTIFICATE OF DEATH

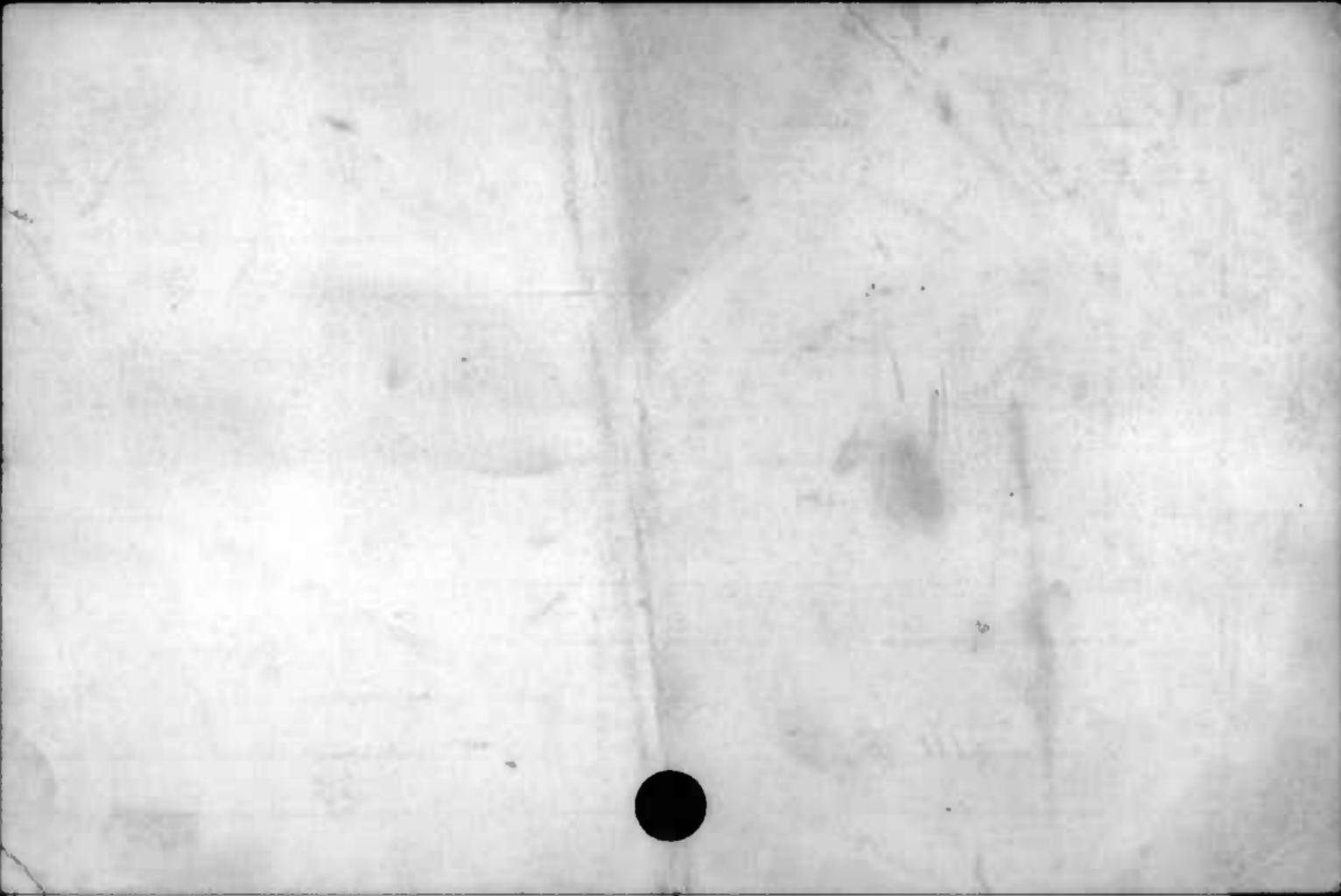
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Rockville	Maryland	Months	Days
Date of death	Month	Day	Years	
1903	December	4 th	Age	1
Sex	male	Color or Race	Colored	Birth-place
Occupation	None	Where Residing if not at place of death	—	
Married, Single	Single	Name of Wife or Husband	—	
Father's Name	Newson Carroll		Father's Birthplace	Maryland
Mother's Maiden Name	Florence Hayes		Mother's Birthplace	Maryland
Name of person giving information	Newson Carroll		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	3 weeks
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Eldredge E Lewis, M.D.
		Address	Rockville, Md.
Accident or Suicide?		—	



Name
in
Full

Martha A. Chick.

CERTIFICATE OF DEATH

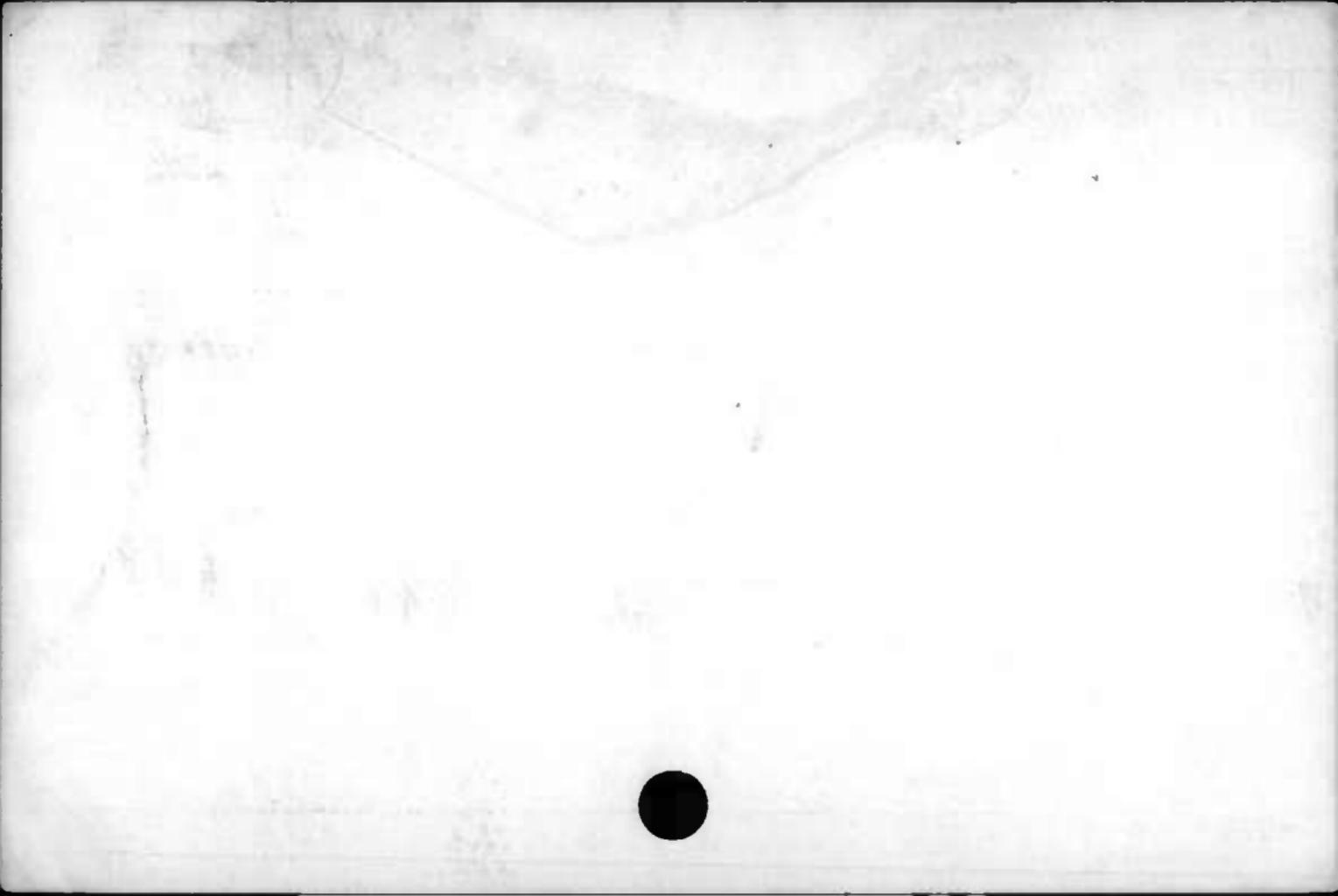
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Potowmack	Montgomery		X	X	
Date of death 1903	Month Dec	Day 10 th	Age 68	Years	Months Days
Sex Female	Color or Race White	Occupation Housewife	Birth-place Montg. Co. Md.		
Married, Single or Widowed Married					
Name of Wife or Husband Henry H. Chick.					
Father's Name Lewis Pennington				Father's Birthplace	Md.
Mother's Maiden Name Margaret Hill.	VA			Mother's Birthplace	Md.
Name of person giving information Henry H. Chick.				How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe	How long 7 days
Immediate Pneumonia	How long 8 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician N. J. Pratt M.D.
Yes	Address Potowmack, Md.
Accident or Suicide? X	



Name in Full

Certificate of Death

Greenbury Chaswell

Town

County

Died at

MARYLAND

Poolesville Montg

Month Day

Y. M. D.

Native of

Date 1903

Dec 27

Age

54 10 19

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Meth. Distillation

How long sick

Accident, Suicide, Homicide

Reported by

Address

J S Park

Poolesville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elsie Beulah Snowdon Cooke

Town

County

Died at

Burk

MARYLAND

Town	Month	Day	Y.	M.	D.	Native of	Occupation
Burk	12	1	Age	8	4		
Male	White		Married	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	

Husband
of

Wife

Father's
Name

Charles Cook

Mother's
Name

Elois Snowdon

93

Cause of

Primary Pneumonia

How long sick

Death

Immediate Convulsions

12 days

Reported by

Roger Burk

Accident, Suicide, Homicide

Address

Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

0170113

Name
in
Full

John C L Cremer.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Dec	Years 15 th	Months X
Sex Male	Color or Race White	Age 79	Days X
Married, Single or Widowed Widowed	Occupation Farmer.	Birth-place Mouth Co. Md.	
Name of Wife or Husband Nancy Selby			
Father's Name John Cremer		Father's Birthplace Carroll Co.	
Mother's Maiden Name Eliza Harry		Mother's Birthplace Mouth Co.	
Name of person giving information Ruben C Cremer	20	How related to deceased Brother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's Disease

How long 2 years.

Immediate Nephritis

How long 9 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

N J Printed
Polowac M S

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

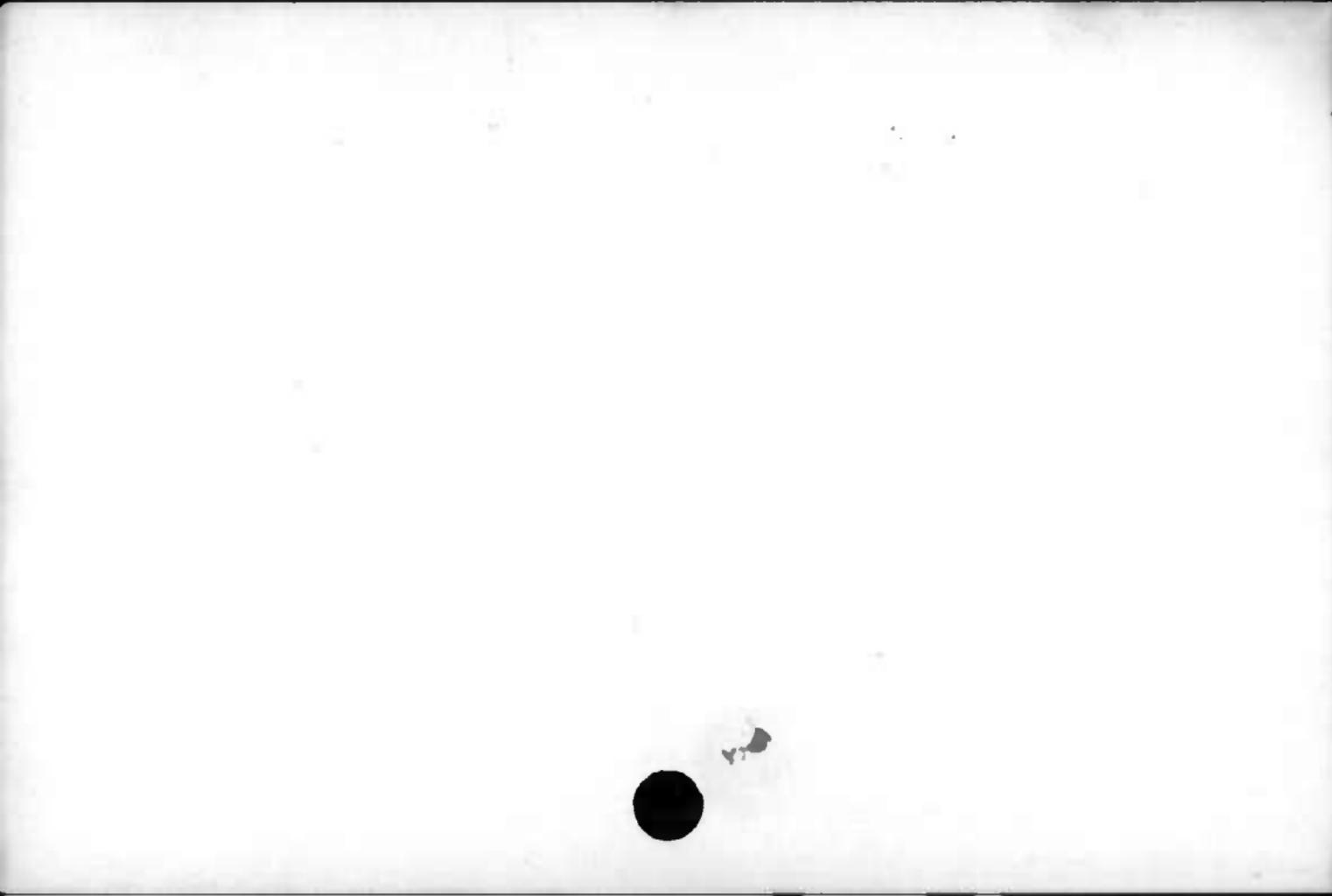
MARYLAND

Died at	Town	County		
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Ptthisis Pulmonalis	How long	12 mos.
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T. D. House M.D.
		Address	Danversville Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Fenwick

CERTIFICATE OF DEATH

Died at

Hoodude

Town

County

MARYLAND

Date
of death 1903

Month

Day

Years

86

Months

14

Days

Age

Sex

Female

Color or
Race

White

Birth-
place

Md.

Married, Single
or Widowed

Shadow

Occupation

Housewife

Name of Wife or
Husband

Jas. Fenwick

Father's
Name

Samuel Clements QD

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Gardiner

Mother's
Birthplace

"

Name of person giving
Information

Agnes Fenwick

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

5 days

Immediate

Syncope

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

H. J. Brooks M.D.

Address

Burnt Mill
Md.

Accident or Suicide?

Yes



Name
in
Full

Susannah B. Gaither

CERTIFICATE OF DEATH

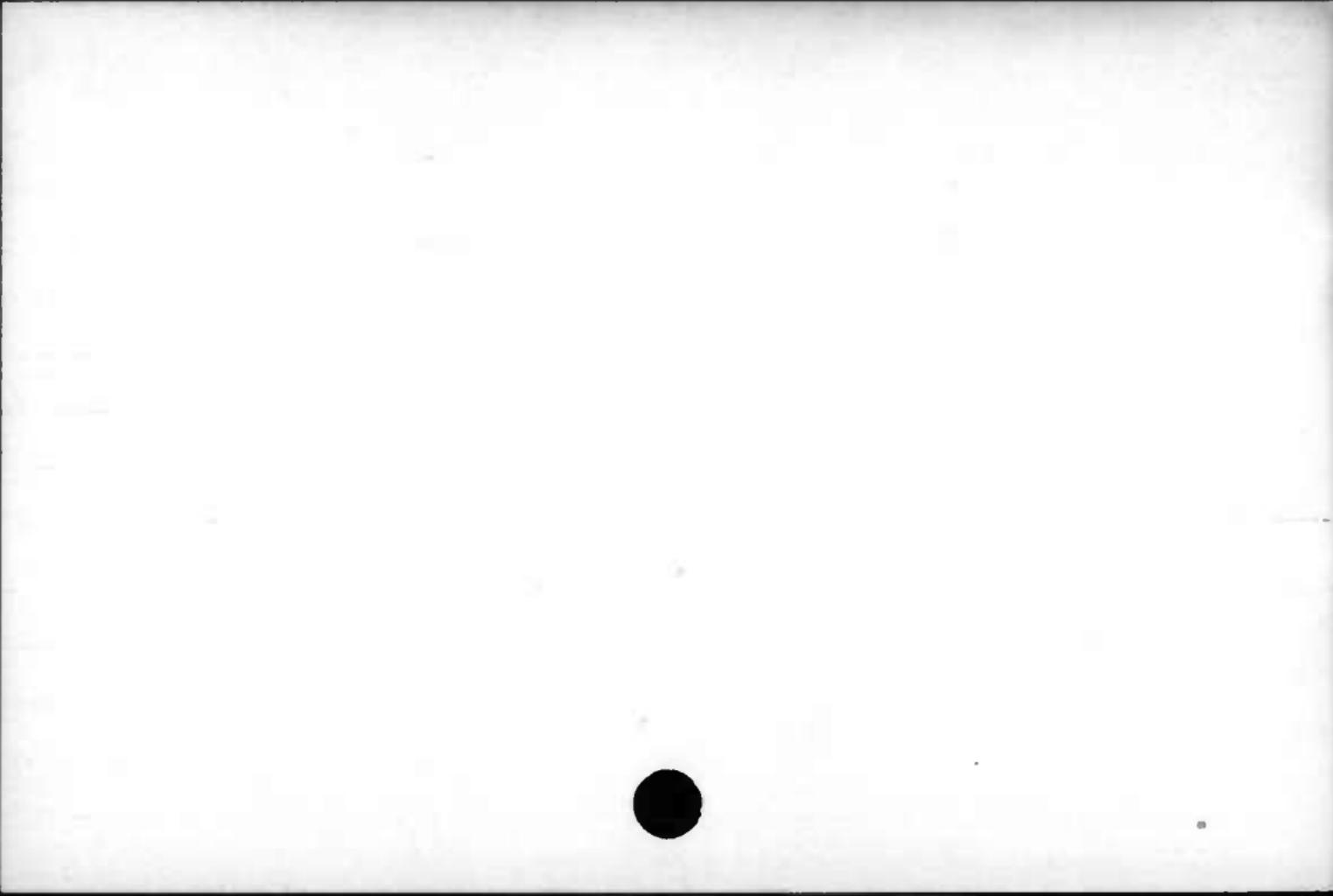
TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Near Redland	Montgomery					
Date of death 1903.	Month Dec.	Day 15	Age 72	Years	Months 10	Days 15
Sex Female	Color or Race	white	Occupation Retired	Birth- place Bladensburg		
Married, Single or Widowed Married	Pri vate	Name of Wife or Husband Sarah B. Gaither		Father's Name Joseph Baldwin	Father's Birthplace Bladensburg	
Mother's Maiden Name Sect	Daughter			Mother's Birthplace Bladensburg	How related to deceased Daughter	
Name of person giving Information Grand Daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gastritis	How long 113 days
Immediate Pneumonia	How long 113 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. C. Elshispr. Address Gaithersburg, Md.
Accident or Suicide?	



Name
in
Full

Charles Franklin Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died near Olney	Town	County		MARYLAND	
Date of death 1903	Month Dec.	Day 13th	Years —	Months Two	Days
Sex Male	Color or Race White	Birth-place Maryland Co. Md.			
Occupation —	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Henry Francis Green 93				
Mother's Maiden Name	Mary Elizabeth Peewy				
Name of person giving Information	John H. F. Green				
Father's Birthplace Frederick Co. Md.					
Mother's Birthplace Frederick Co. Md.					
How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Four days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Glass. Bargulor.
		Address	Olney, Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Brown E. Hall

Town County
 Bealesville Maryland

Died at

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
1947	12	15	Age 23	10	15	Md	Lat
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband of

Wife

Father's

Name

Naer Hall

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

1 yr

Death

Immediate

Accident, Suicide, Homicide

Reported by

J W Stansbury

Address



Bealesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

June 2007

Clara Hale

Town
PotomacCounty
Montgomery

MARYLAND

Died at

Month
DecDay
20Y.
14M.
6

D.

Native of
MdOccupation
None

Date 1903

Male

White

Married

Widow

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Arthur Hale

Mother's

Maiden Name

Ida Lyles

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

one year

Accident, Suicide, Homicide,

Reported by

R.W. Walling



Potomac, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Carrie Tilton (Jenkins) Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month December	Year 27	Age 56	Months 4	Days 0
Sex female	Color or Race white	Birth-place Williamsbridge			
Occupation writer	Where Residing if not at place of death Washington D.C.				
Married, Single or Widowed Married	Name of Husband James W. Harris	Father's Birthplace Greenville Co.			
Father's Name Robert J. Jenkins	Mother's Maiden Name Elizabeth Hicks	Mother's Birthplace Greenville Co.			
Name of person giving information Husband	How related to deceased wife	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Injury sustained by fall How long

Immediate Unconscious condition How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician P. L. Jenkins

Address 1507 Washington D.C.

Accident or Suicide?



Name
in
Full

Harmann

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name or Wife or Husband		
Father's Name	John Harman		
Mother's Maiden Name	Mamie Butt		
Name of person giving information	Mamie Harman		
Father's Birthplace	Maryland		
Mother's Birthplace	Maryland		
How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Improper food	How long	14 months
Immediate	Malnutrition	How long	14 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward Anderson M.D.
		Address	Rockville, Md.
Accident or Suicide?	No		



Name
in
Full

Elizabeth A. Hopkins

CERTIFICATE OF DEATH

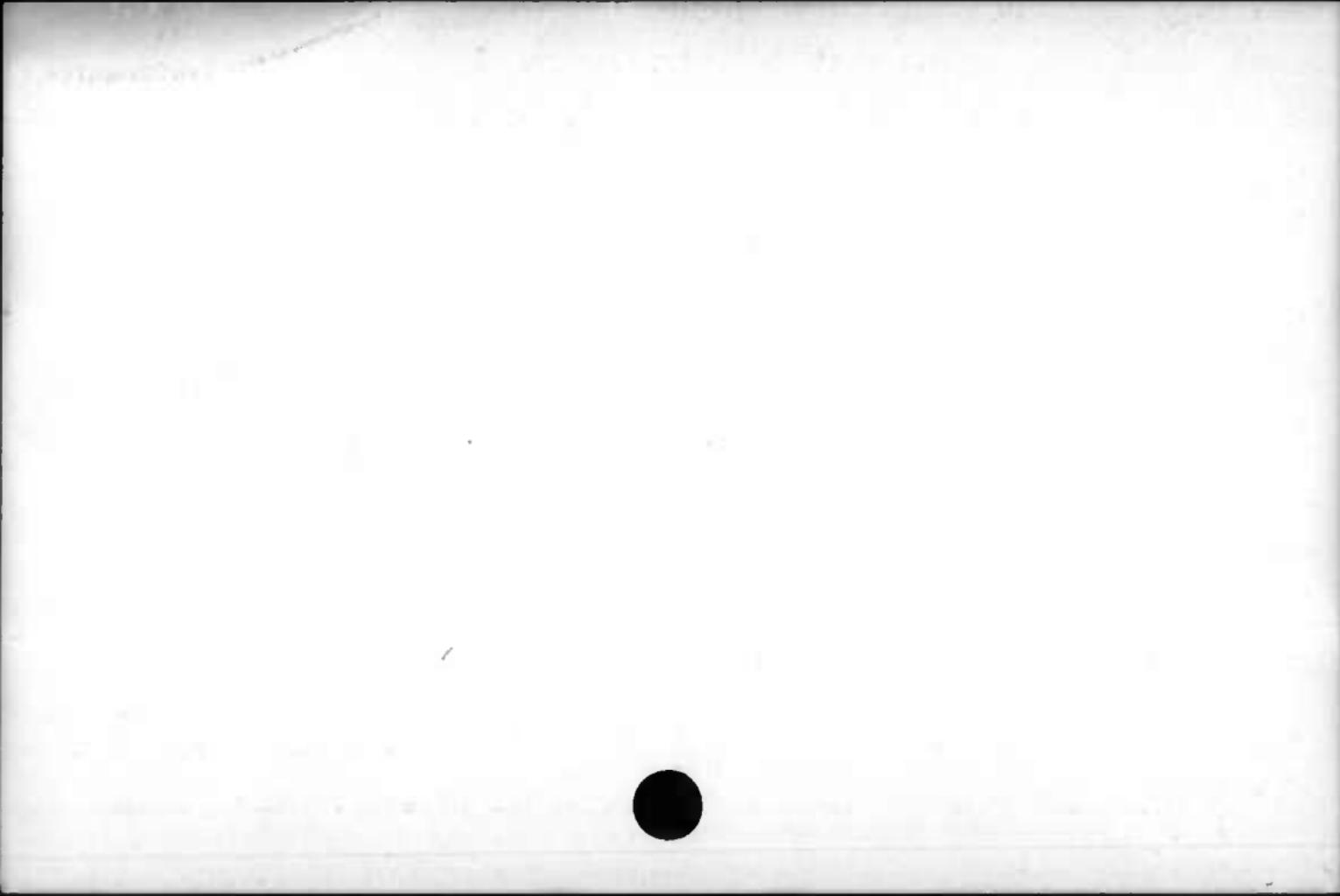
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Dec.	Day 10	Age 50	Years	Months
Sex Female	Color or Race	white	Birth- place	MD	Days
Married, Single or Widowed	Occupation			Housewife	
Name of Wife or Husband	Jeff Hopkins				
Father's Name	Joseph C. Hartung			Father's Birthplace	MD
Mother's Maiden Name	V. J.			Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	J. D. Batine Spencerville Md.



Name
in
Full

John C. Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

District	Town	County		MARYLAND		
Date of death 1903	Month Dec	Day 14	Age 19	Years	Months	Days
Sex Male	Color or Race Negro	Occupation		Virginia.		
Married, Single or Widowed Single	X	Laborer.				
Name of Wife or Husband X						
Father's Name Jemmy Jackson.	166			Ta.		
Mother's Maiden Name Martha Brown.				Ta.		
Name of person giving information Samuel Jackson			Brother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gunshot-wound X

Immediate Haemorrhage How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

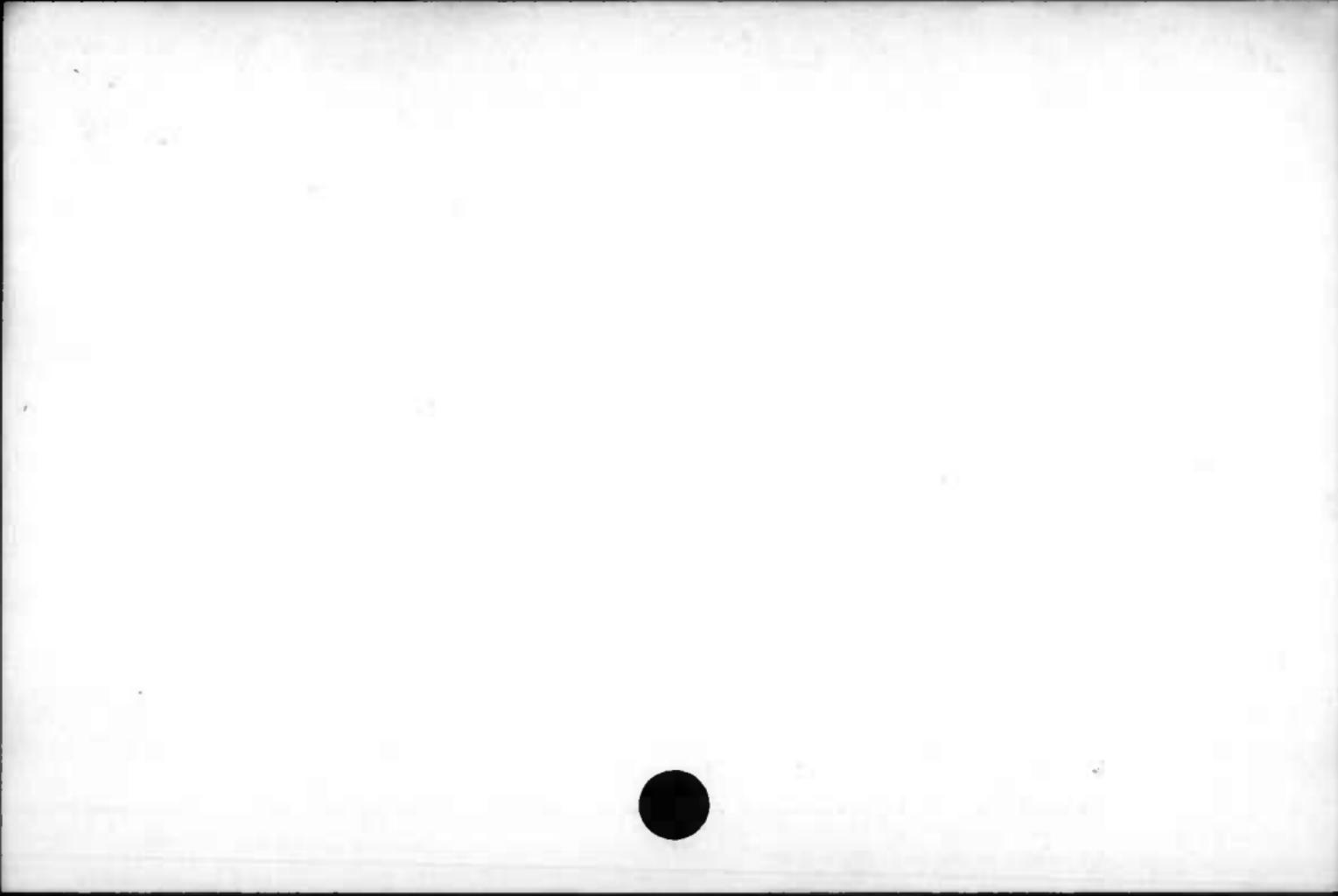
Address

N. J. Pratt M.D.

Potowmack
Md.

yes

Accident



Name
in
Full

Terry Jackson

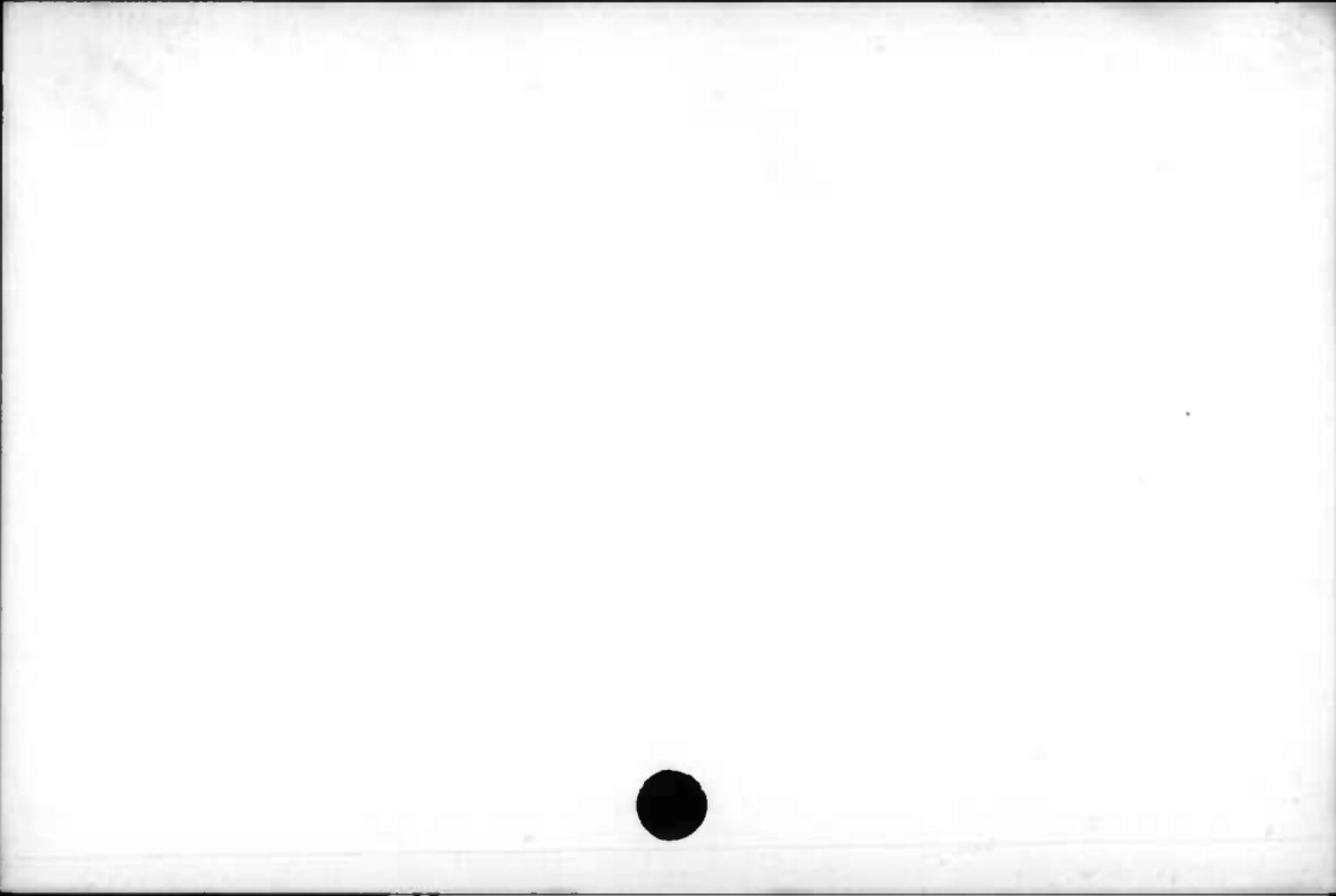
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> Widowed, <input type="checkbox"/>	Name of Wife or Husband	Mary Jackson	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Gun Shot wound of head
Immediate	Encephalitis
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	
Address	
Accident or Suicide?	



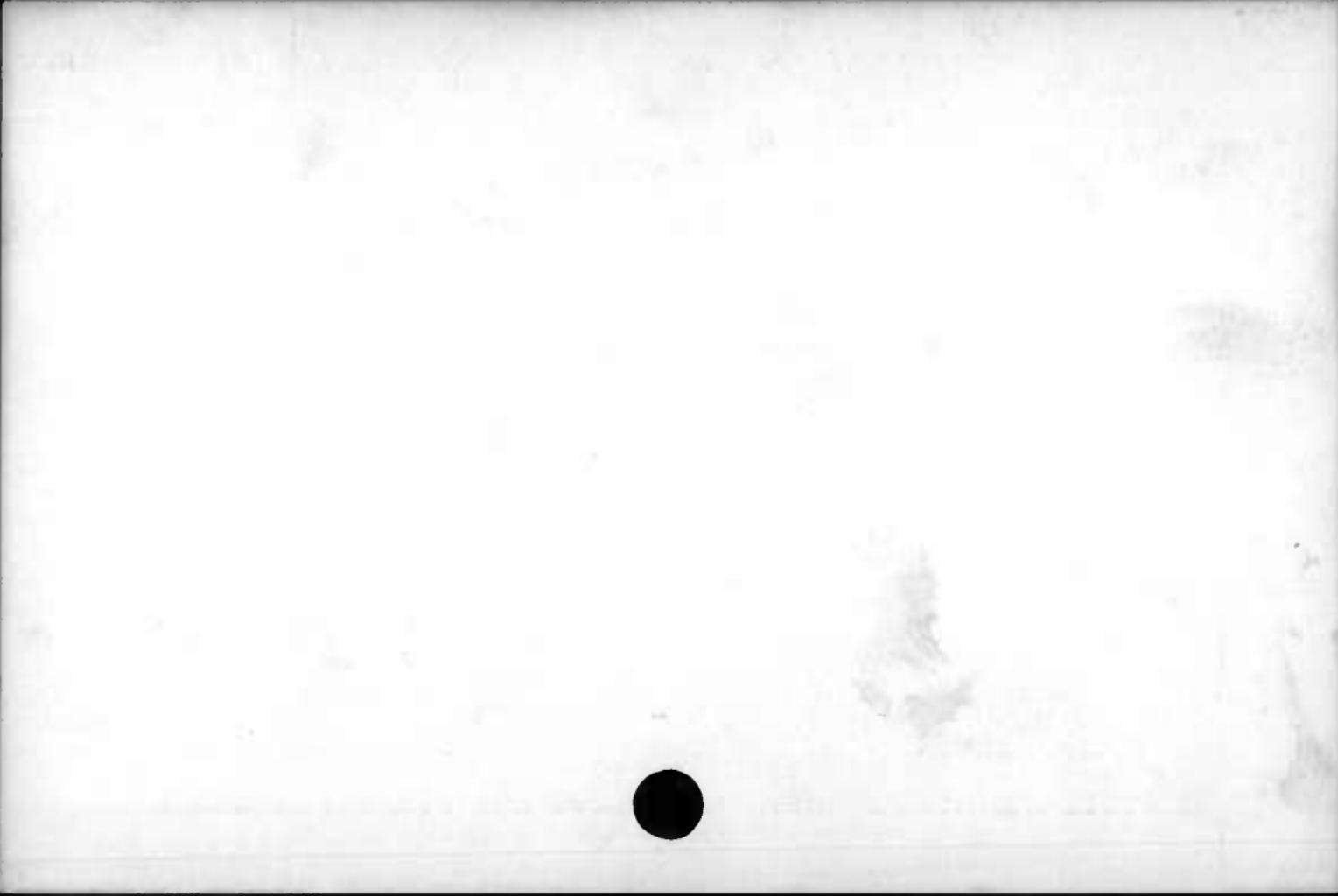
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death 1903	Month Dec	Day 55	Years Age 67	Months 5	Days 18	
Sex Male	Color or Race White	Birth-place Md				
Married, Single or Widowed Married	Occupation None					
Name of Wife or Husband Mary E. Jones (Reeves)						
Father's Name Lloyd Jones	Father's Birthplace Md					
Mother's Maiden Name Hopkins	Mother's Birthplace Md					
Name of person giving information Edgar Jones	How related to deceased Son					
CAUSES OF DEATH						
Primary	Palauor dis Heart -					How long 2 yrs
Immediate	Pal dis. Heart & hepatitis 6 months					How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Eugene Jones		
			Address	Steering wheel		
Accident or Suicide?						



Died at <u>Porterville</u>			County <u>Montgomery</u>	Native of <u>Maryland</u>		
Date 19 <u>03</u>	Month <u>Dec</u>	Day <u>24</u>	Y. <u>2</u>	M. <u>14</u>	D. <u>Widow</u>	Occupation <u>Med</u>
Male	White	Age <u>Married</u>	Widow			Divorced
Female	Colored	Single	Widower			Number of children living
Husband	<u>of</u>					
Wife	<u>—</u>					
Father's Name	<u>William Ooley</u>			Mother's Maiden Name	<u>Alice Anderson</u>	
Cause of Death	Primary <u>Pneumonia</u> Immediate <u>03.</u>			How long sick <u>2 days</u> Accident, Suicide, Homicide		
Reported by	<u>Peter A Davis</u>					
Address	<u>Porterville</u>  <u>Md</u>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lavergne B. Pendleton

CERTIFICATE OF DEATH

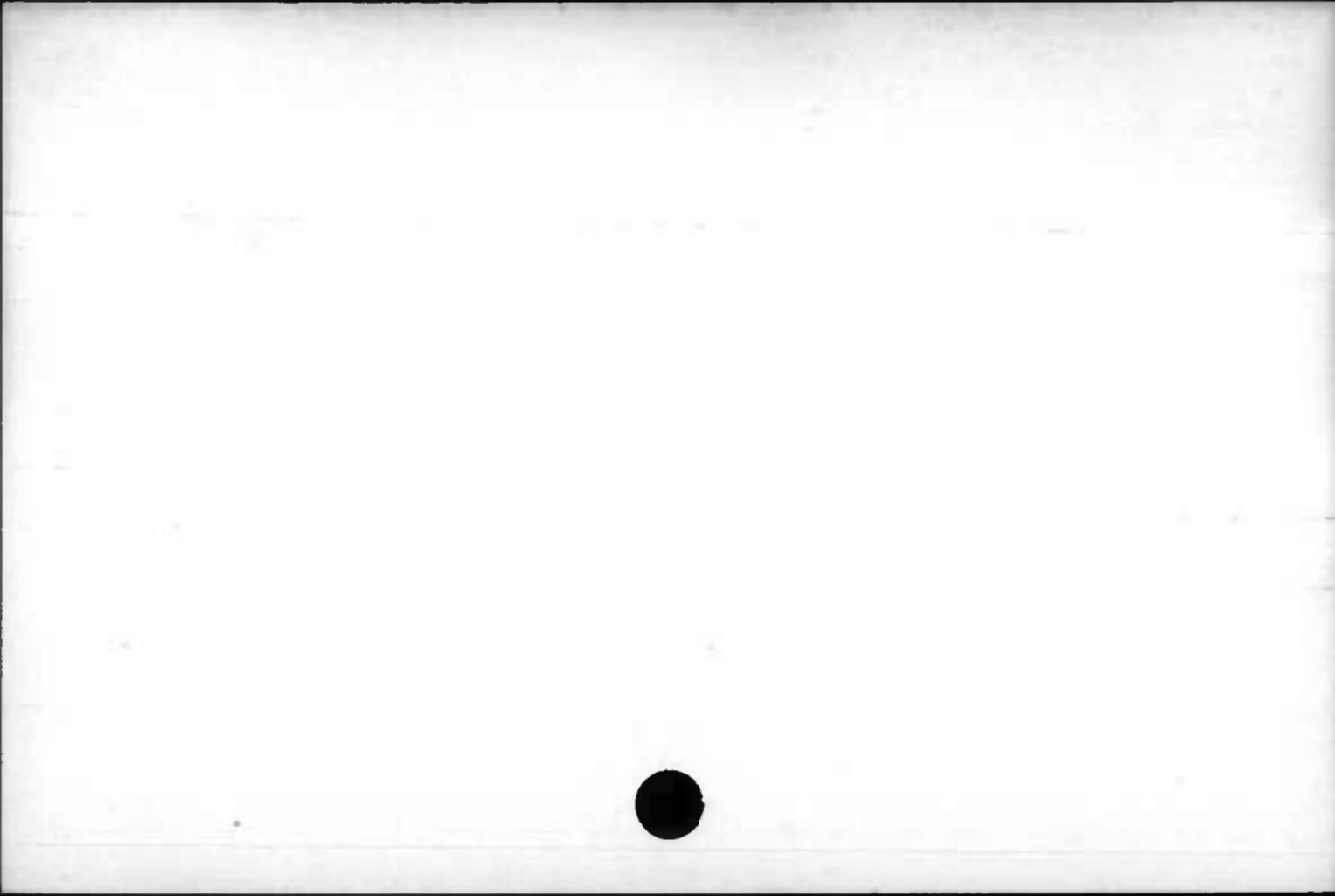
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Mar.	Day 6	Age 63	Years	Months — Days —
Sex Male	Color or Race white	Occupation Farmer	Birthplace Spotsylvania Co Va		
Married-Single or Widowed					
Name of Wife or Husband	Maggie L. Pendleton				
Father's Name William Pendleton				Father's Birthplace Virginia	
Mother's Maiden Name Do not know				Mother's Birthplace "	
Name of person giving Information Son				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lip	How long Eight days
Immediate Pneumonia	How long Eight days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. E. Echison Address Gaithersburg Md
Accident or Suicide?	



Name
in
Full

Charles B.R. Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

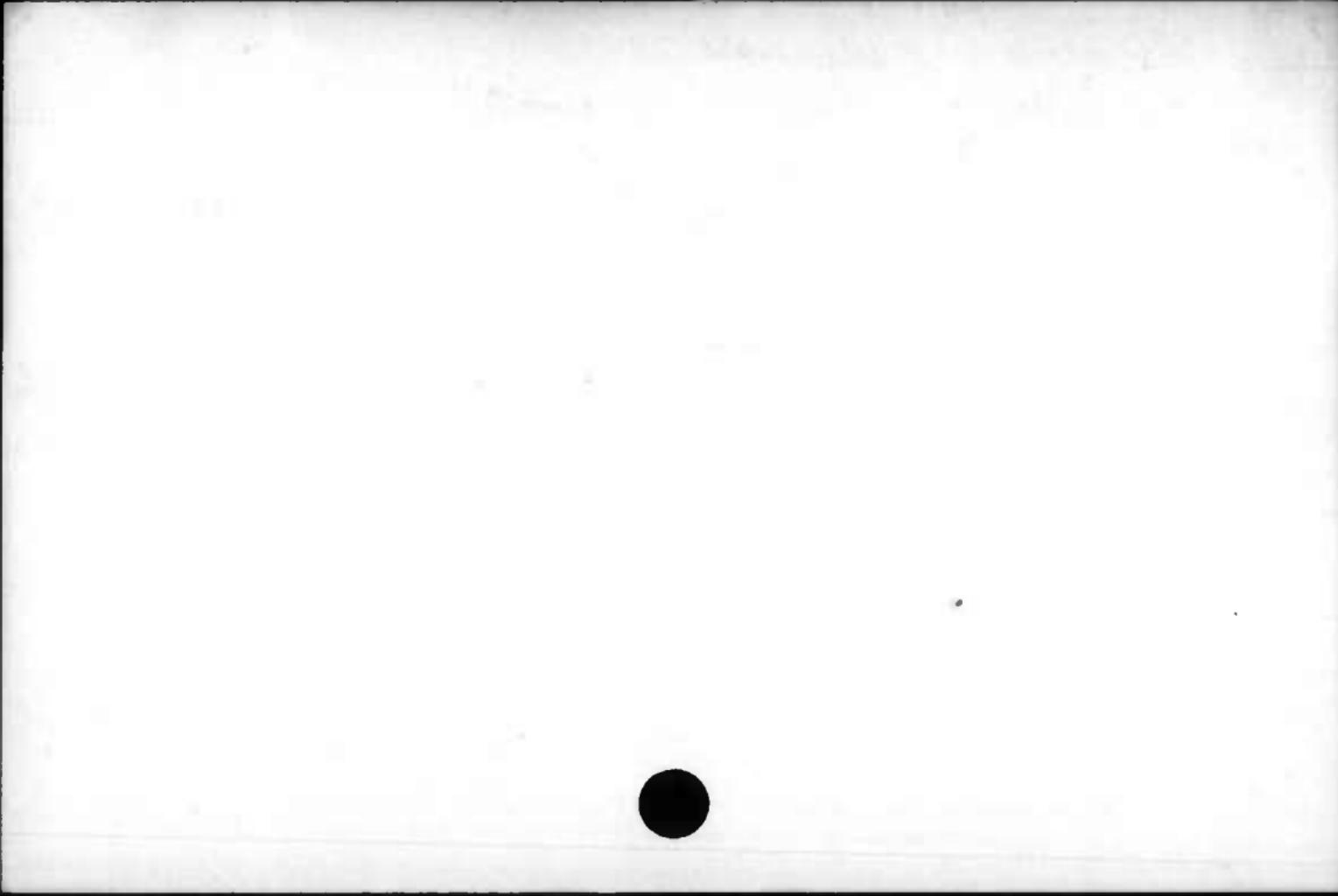
Died at	Town		County		MARYLAND
Date of death 190	3	Month Dec	Day 18	Age 35	Months X Days
Sex	Male	Color or Race	White	Birth-place	Fred. Co. Md.
Married, Single or Widowed	Single		Occupation	Farmer.	
Name of Wife or Husband	X Jessie Roberts			Balls Co now Carroll (1819)	
Father's Name	Jessie Roberts			Father's Birthplace	Carroll (1819)
Mother's Maiden Name	Elizabeth King		66	Mother's Birthplace	Fred. Co. (1824)
Name of person giving information	Jessie Roberts			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	History of crushing blow on head 12 yrs previous causing deformity		How long
Immediate	Paralysis		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	Address		
Accident or Suicide?	X		

N.J. Pratt M.D.
Potowmack Md.



Name in Full

Certificate of Death

Clifford Lewis Spriggs

Town County MARYLAND
 Died at Brinklow Montgomery

Date 1903	Month Dec.	Day 17	Age 8	M. 6	D. 20	Native of Brighton	Occupation -
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	25

Husband of
Wife

Father's Name	Jeremiah Spriggs	Mother's Name	Susan Spriggs
Cause of Death	Primary: Lymphatic Tuberculosis	How long sick	2 years
	Immediate: Pneumonia	Accident, Suicide, Homicide	

Reported by George Stabler

Address Brighton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha Ann Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Sandy Spring</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec.</u>	Day <u>18th</u>	Years <u>56</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Montgomery Co., Md.</u>			
Occupation <u>Housewife & washer.</u>	Where Residing if not at place of death <u>Benjamin J. Thomas</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Benjamin J. Thomas</u>				
Father's Name	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary & Laryngeal Tuberculosis</u>	How long <u>About 2 years</u>
Immediate <u>Asthma</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. W. H. Green for H. O.</u>
	Address <u>Brooksville Md.</u>

Accident or Suicide?



Name
in
Full

Sarah Tins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Rockville</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec.</u>	Day <u>20th</u>	Age <u>80</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-Place <u>Montrose Md.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Near Rockville, Md.</u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Edward Tins</u>			Father's Birthplace <u>Maryland</u>		
Father's Name <u>Isaac Riley</u>			Mother's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Sarah Middleton</u>			How related to deceased <u>Daughter</u>			
Name of person giving information <u>Bell Tins</u>						

CAUSES OF DEATH

Primary <u>Influenza</u>	How long <u>One week</u>
Immediate <u>Pneumonia</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Anderson M.D.</u>
	Address <u>Rockville, Md.</u>
Accident or Suicide? <u>No</u>	



Washington White

Town

County

MARYLAND

Died at	Berea Lodge	Maryland	
Date 19	3	Month 12	Day 13
Age	48-1	Y. M.	D.
Male	Married	Native of	Occupation
Female	Single	Widow	James
		Widower	Divorced
		Number of children living	

Husband of

Wife

Father's

Name

Richard White

Mother's
Maiden Name

Mary White

Cause of

Primary

Tuberculosis

How long sick

5 yrs.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J.W. Steastuck
Clarendon

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

True Copy

